

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807166

FILED
Feb 26, 2009
Secretary of State

Entity Name: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

TWO NORTH SECOND STREET
HARRISBURG, PA 17101

New Principal Place of Business:

Current Mailing Address:

BRIAN GERVINSKI
P.O. BOX 2361
HARRISBURG, PA 171052361

New Mailing Address:

TAMIR LONDON
P.O. BOX 2361
HARRISBURG, PA 171052361

FEI Number: 23-0961349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHUTTS, KENNETH R
Address: TWO NORTH SECOND STREET
City-St-Zip: HARRISBURG, PA 17101

Title: CD () Delete
Name: ROWE, DENNIS C
Address: TWO NORTH SECOND STREET
City-St-Zip: HARRISBURG, PA 17101

Title: TD () Delete
Name: SEARS, CHRISTINE
Address: TWO NORTH SECOND STREET
City-St-Zip: HARRISBURG, PA 17101

Title: D () Delete
Name: ALEXANDER, WILLIAM H
Address: 3733 SPRUCE STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: D () Delete
Name: FISHER, TODD R
Address: 1139 GALWAY COURT
City-St-Zip: HUMMELSTOWN, PA 17036

Title: D () Delete
Name: CLARK, ALEXANDER M M
Address: 160 EAST 84TH STREET
City-St-Zip: NEW YORK, NY 10028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH R. SHUTTS

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date